

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W. B. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA.		2473	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of <u>Abbeville</u>		State Board of Health			
City of <u>Abbeville</u>		Registration District No. <u>1-a</u>		Registered No. <u>16</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Mill Hill</u> )		(For use of Local Registrar)	
(2) Full Name of Child <u>Henry Rayford Nash</u>		St. <u>3</u>		Ward	
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>X</u>		(5) Number in order of birth <u>X</u>	
(6) Are Parents Married? <u>yes</u>		(7) DATE OF BIRTH <u>Feb. 13, 1915</u>		If child is not yet named, make supplemental report as directed	
FATHER.		MOTHER.			
(8) FULL NAME <u>Henry Pope Nash</u>		(14) NAME BEFORE MARRIAGE <u>Minnie Culbreth</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Oglethorpe County, Ga.</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		(18) BIRTHPLACE <u>Abbeville County, S.C.</u>	
(13) OCCUPATION <u>Cotton Mill Operative (Woman)</u>		(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10.45</u> <u>A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. Power M. D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Abbeville, S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb. 17, 1915</u> (28) <u>J. G. Perrin</u> Local Registrar					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					
Registrar					
Local Registrar					
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